

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frank Bishop* Town *Salina* County *Franklin* MARYLAND

Died at *Salina* Date of death *1909 Dec 24* Age *56* Month *Dec* Days *24*

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *farmer* Where Residing if not at place of death *—*

Married, Single, or Widowed *Married* Name of Wife or Husband *Mary E Dill*

Father's Name *Wm Bishop* Father's Birthplace *Indiana*

Mother's Maiden Name *Mary Plummer* Mother's Birthplace *Indiana*

Name of person giving Information *W. S. Dill* How related to deceased *Brother in law*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *about 2 years*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Edward A. Scott.*

Address *Salina, Ind.*

Accident or Suicide *—*

Hicks

Compton
Cemetery

Name
in
Full

Still Born Infant Boulden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Still Pond ^{Town} Boulden ^{County} West ^{MARYLAND}

Date of death 190 9 ^{Month} Dec ^{Day} 12 Age — ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race — Birth-place West Co Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name W. Spencer Boulden

Father's Birthplace Md

Mother's Maiden Name Eva Powell

Mother's Birthplace Md

Name of person giving Information — How related to deceased —

CAUSES OF DEATH

Primary Still born.

How long —

Immediate

How long —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician W. S. Maxwell,
Address Still Pond, Md.,

Accident or Suicide

PHYSICIAN
OR CORONER

Shewabing



Name
in
Full

Cara B. Boulden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Still Pond ^{County} Kent
Date of death 1909 ^{Month} Dec ^{Day} 17 Age ^{Years} 32 ^{Months} 2 ^{Days} -
Sex female Color or Race white Birth-place Md
Occupation Housewife Where Residing if not at place of death ←
Married, Single or Widowed married Name of Wife or Husband Spencer J. Boulden
Father's Name John Cavender Father's Birthplace Md
Mother's Maiden Name Tip Jewell Mother's Birthplace Md
Name of person giving Information Cara H. Arching How related to deceased Cousin

CAUSES OF DEATH

140

Primary Childbirth. How long
Immediate Heart failure - 2 hours after chloroform anaesthesia. How long
Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

Address

W. S. Maxwell.
Still Pond, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

6

Shrewsbury.



Name
in
Full

George Deddenfield Coleman

CERTIFICATE OF DEATH

Died at ^{Town} Rock Hall ^{County} Kent MARYLANDDate of death 1909 ^{Month} Dec ^{Day} 31 ^{Age} 46 ^{Years} 9 ^{Months} ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} Kent Co MdOccupation Waterman ^{Where Residing if not at place of death} At place of deathMarried, Single or Widowed Single ^{Name of Wife or Husband} Not AnyFather's Name James Coleman ^{Father's Birthplace} MarylandMother's Maiden Name Martha N. Sinton ^{Mother's Birthplace} MarylandName of person giving Information Martha N. Coleman ^{How related to deceased} Mother

CAUSES OF DEATH

Primary Tuberculosis Intestinal ^{How long} 7 yearsImmediate Exhaustion ^{How long} 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

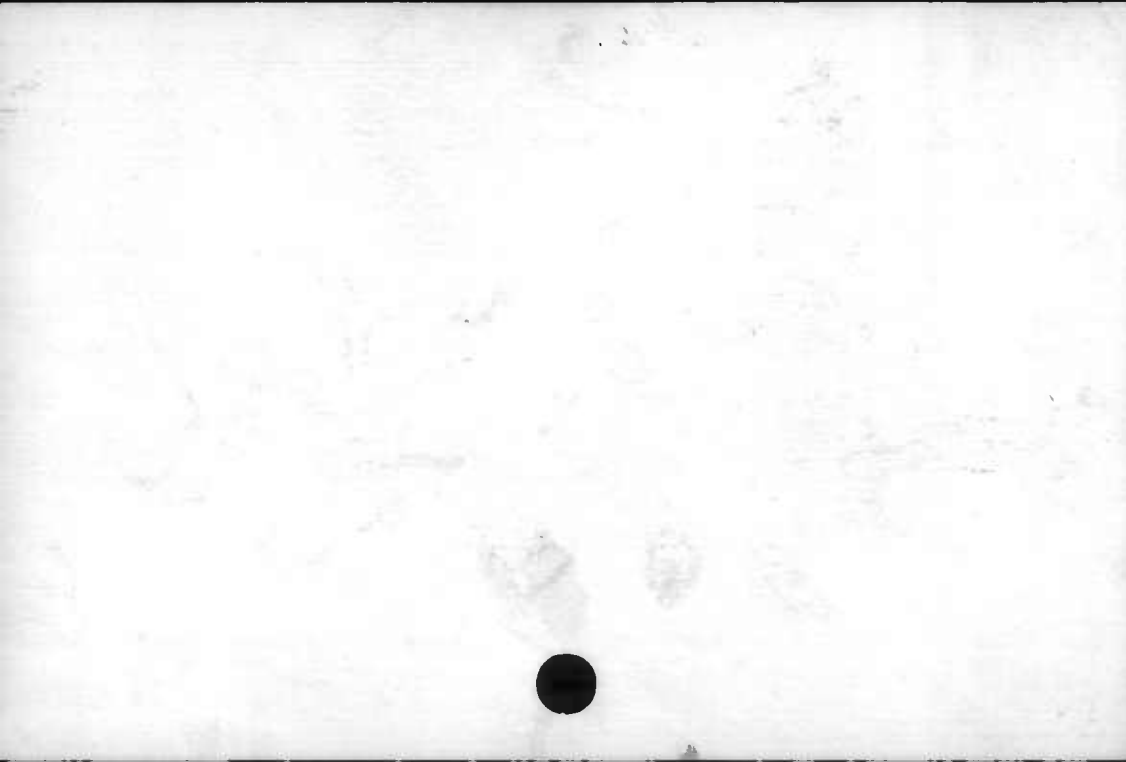
Signature of Physician J. H. Beall

Address Rock Hall Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

29



Name
in
Full

Mr. T. Curtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Galena Upper Branch ^{County} Kent MARYLAND

Date of death 1909 Dec 26th Age 67 Months — Days —

Sex Male Color or Race Black Birth-place Unknown

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband Unknown

Father's Name — Father's Birthplace Unknown

Mother's Maiden Name — Mother's Birthplace Unknown

Name of person giving information Robt. Parker How related to deceased None

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary Exposure

Immediate Congestion

Are the name, age, sex, color, date and place correctly given above?

yes L. R. Wauson

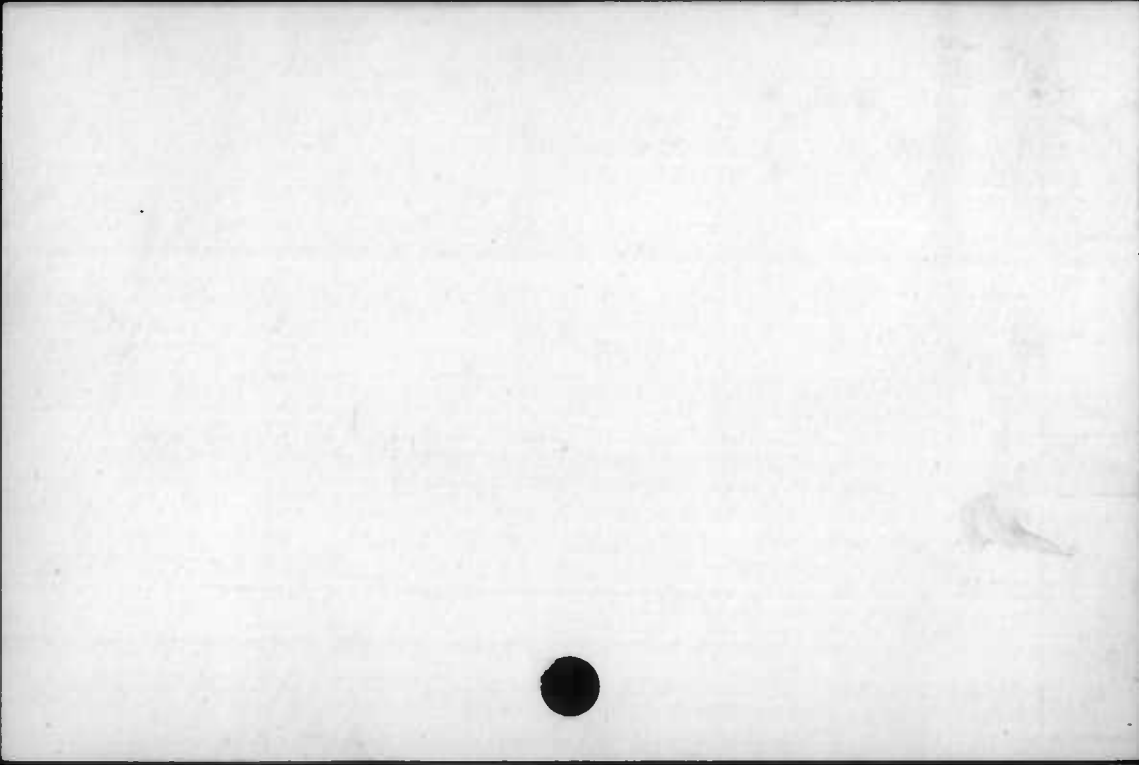
Accident or Suicide?

Coroner

Signature of Physician

Address

L. R. Wauson
Galena Coroner



Name
in
Full

CERTIFICATE OF DEATH

Chas. Henry Davis

Town

County

MARYLAND

Died at Chesterton

Kent

Date of death 1909 Dec.

Day

7

Age

73

Months

8

Days

9

Sex

Male

Color or Race

White

Birth-place

Md. -

Occupation

Livery man

Where Residing if not at place of death

Died at home -

Married, ~~Single~~
~~or Widowed~~

Name of Wife or ~~Husband~~

Julia Ella Davis -

Father's Name

Chas. Davis

Father's Birthplace

Sumner Ave Md

Mother's Maiden Name

Mary Messary

Mother's Birthplace

Chesterton Md -

Name of person giving Information

May a. Davis

How related to deceased

Sister

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

Several yrs.

Immediate

(a) Uraemia - Coma (b)

How long

(a) several mos. (b) two weeks -

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Harry L. Davis

Address

Chesterton, Md.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

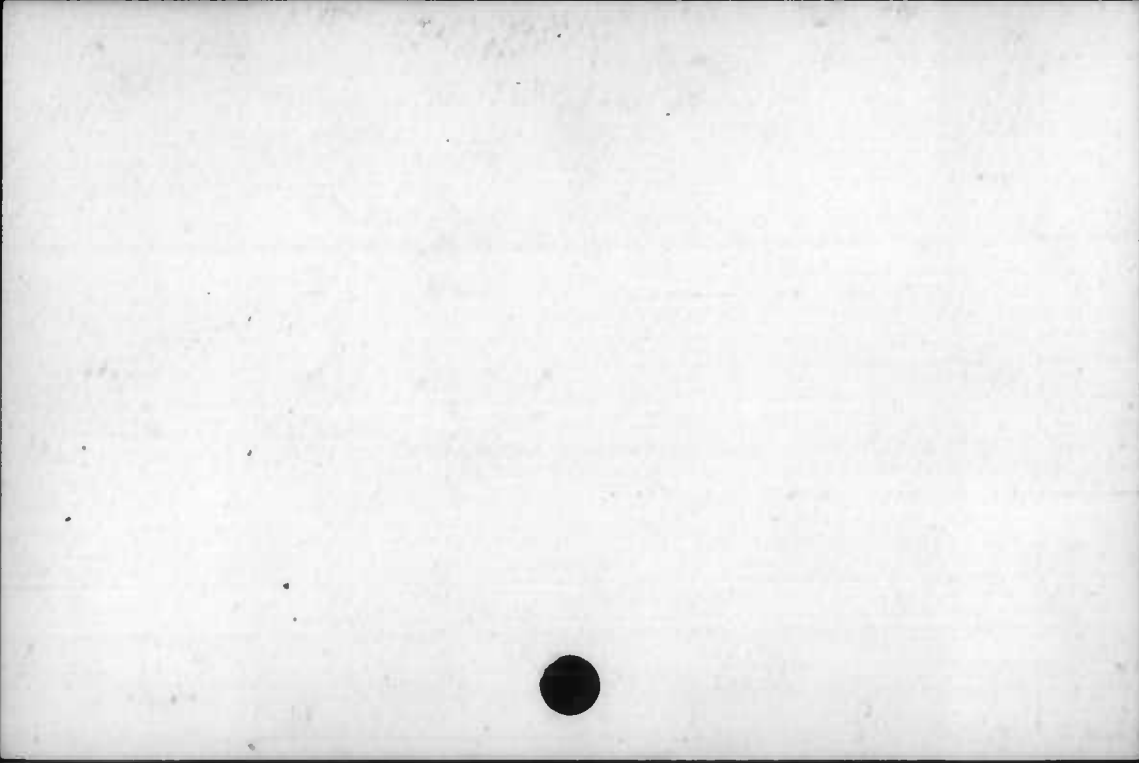
6

Accident or Suicide

Chas. L. Dodd

Chester Cemetery

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Galena</i> <small>Town</small>		<i>Kent</i> <small>County</small>	
		Date of death <i>1907</i> <small>Month</small> <i>Dec.</i> <small>Day</small> <i>13th</i> <small>Years</small> <i>26</i> <small>Months</small> <i>7</i> <small>Days</small> <i>4</i>			
		Sex <i>Male</i> <small>Color or Race</small> <i>Black.</i>		<small>Birth-place</small> <i>Kent Co.</i>	
		<small>Occupation</small> <i>Laborer.</i>		<small>Where Residing if not at place of death</small>	
		<small>Married, Single or Widowed</small> <i>Married.</i> <small>Name of Wife or Husband</small> <i>Mary Davis.</i>			
		<small>Father's Name</small> <i>George Davis.</i>		<small>Father's Birthplace</small> <i>Maryland.</i>	
		<small>Mother's Maiden Name</small> <i>Carrie Lee</i>		<small>Mother's Birthplace</small> <i>Maryland</i>	
<small>Name of person giving information</small> <i>Edward Davis.</i>		<small>How related to deceased</small> <i>Brother.</i>			
		CAUSES OF DEATH		(27) ✓	
PHYSICIAN OR CORONER <i>e</i>		<small>Primary</small> <i>Pulmonary Tuberculosis</i>		<small>How long</small> <i>Indefinite.</i>	
		<small>Immediate</small> <i>Exhaustion</i>		<small>How long</small> <i>6 days</i>	
		<small>Are the name, age, sex, color, date and place correctly given above?</small> <i>Yes</i>		<small>Signature of Physician</small> <i>Geo. R. Jones.</i>	
				<small>Address</small> <i>Galena Md.</i>	
		<small>Accident or Suicide?</small>			



Name
in
Full

Ephraim Dill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1904		Dec	7	29			
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Waterman			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Fathar's Name				Fether's Birthplace			
Wm Dill				Md			
Mother's Maiden Name				Mother's Birthplace			
Indie Landman				Md			
Name of person giving information				How related to deceased			
Mrs Dill				Mother in Law			

CAUSES OF DEATH

27

Primary	Pulmonary tuberculosis	How long	1 year
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. J. Simpson
Yes		Address	Chesapeake
Accident or Suicide		No	

PHYSICIAN
OR CORONER

Nicks

Chister-Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name *John Gale* Town *Hanesville* County *Kent*
Died at
Date of death *1909 Dec 6* Age *55* Months *3* Days *4*
Sex *Male* Color or Race *White* Birth-place *Kent Co*
Occupation *Stock Dealer* Where Residing if not at place of death *Hanesville*
Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Mrs. Emily A Gale*
Father's Name *John Gale* Father's Birthplace *Kent Co*
Mother's Maiden Name *Sallie Rasin* Mother's Birthplace *Kent Co*
Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Apoplexy* How long *3 days*
Immediate *Apoplexy* How long *3 days*
Are the name, age, sex, color, date and place correctly given above?
Yrs.
Accident or Suicide

Signature of
Physician

Address

H. George Simmons
Chester town,
md.

Chas L. Dodd.

Chester County
Kent Co Md.

Name
in
Full

Nelson Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Belleton Town Stent County MARYLAND

Date of death 1909 Dec Month 10 Day Age — Years Months 4 Days —

Sex Male Color or Race White Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Freddie Lewis

Father's Birthplace

md

Mother's Maiden Name

Isabella Cotton

Mother's Birthplace

md

Name of person giving Information

Fred Lewis

How related to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis

How long

2 weeks

Immediate

Heart failure

How long

Instantaneous

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L. P. Atwell M.D.

Address

Still Pond

Accident or Suicide

union chy- yd.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Clara Goldsborough* Town *Chestertown* County *Ken* MARYLAND

Died at *Chestertown*

Date of death *1909* Month *Dec* Day *8* Age *5* Years *0* Months *0* Days *0*

Sex *Female* Color or Race *Colored* Birthplace *Kent Co*

Occupation *Cook* Where Residing if not at place of death *Chestertown*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm Goldsborough*

Father's Name *Chas Haskins* Father's Birthplace *Dont know*

Mother's Maiden Name *Jane Higby* Mother's Birthplace *Kent Co*

Name of person giving Information *Wm Goldsborough* How related to deceased *Husband*

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

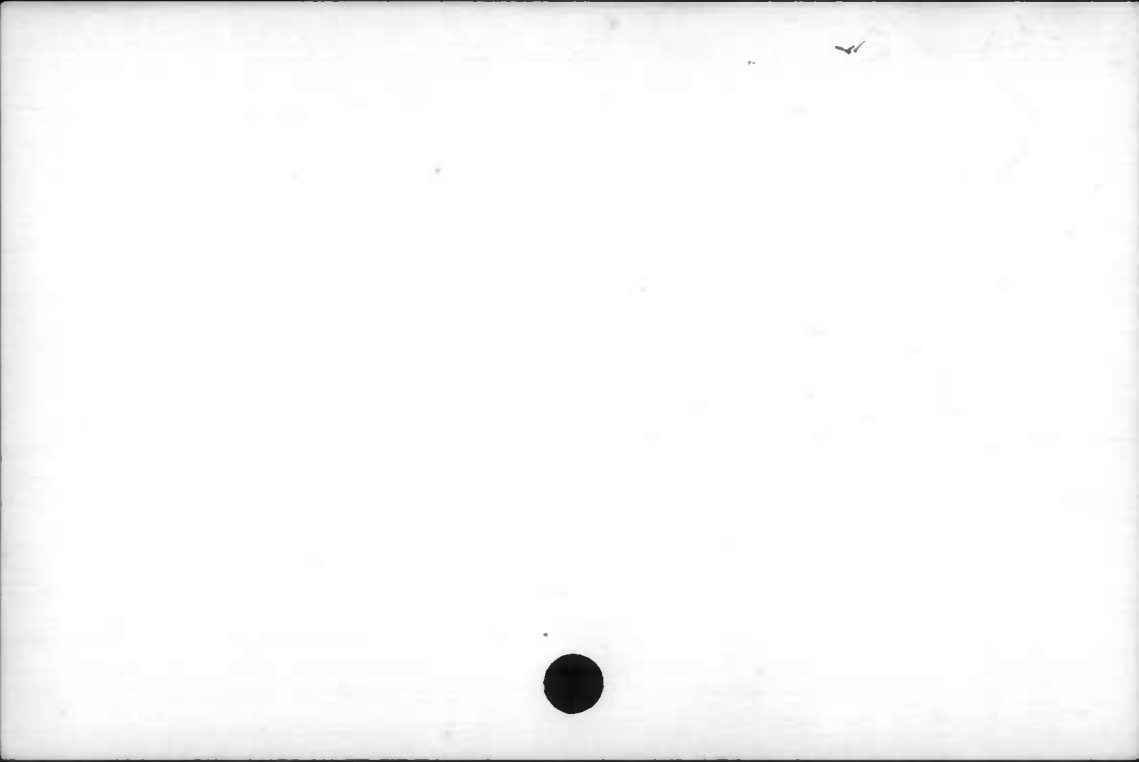
Primary *Abdominal Tumor-operation* How long *8 Years*

Immediate *Albuminuria* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. B. Simmons*

Address *Chestertown Md*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James L. Goodman

Died at Winton ^{Town}County Kent

MARYLAND

Date of death 190 9 Month Dec Day 10 Age 4 Years Months 3 Days 4Sex male Color or Race White Birth-place Wid

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____Father's Name Wm GoodmanFather's Birthplace WidMother's Maiden Name Sadie FagwellMother's Birthplace WidName of person giving Information Mrs GoodmanHow related to deceased Grand Mother

CAUSES OF DEATH

93

Primary Pneumonia.How long one week.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes.Signature of Physician W.S. MaxwellAddress Still Pond, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Him Cemetery.

Name
in
Full

Henry Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

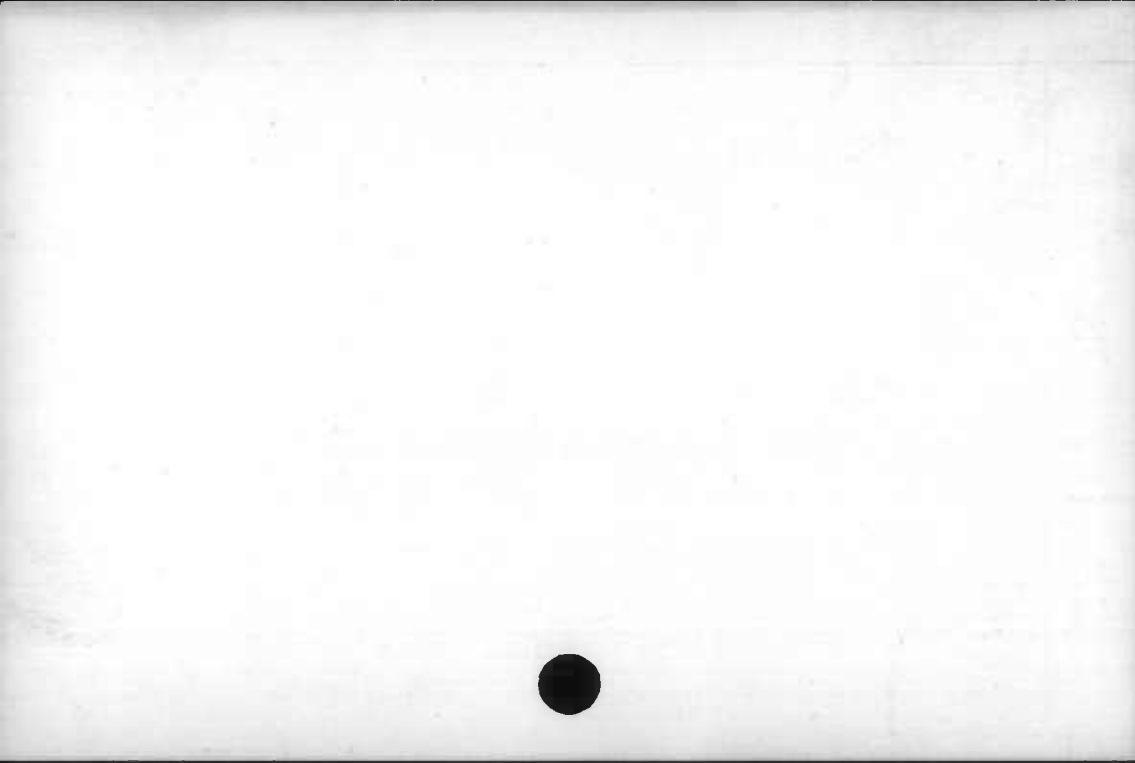
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec	6 th	62		none	20
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Harness maker		Where Residing if not at place of death		Rock Hall		
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah E. Hamilton			
Father's Name	not known					Father's Birthplace	not known
Mother's Maiden Name	not known					Mother's Birthplace	not known
Name of person giving Information	Sarah E. Hamilton					How related to deceased	Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis		How long	Two years
Immediate	Exhaustion		How long	One month
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	H. H. Schwartz M.D.
			Address	Rock Hall
Accident or Suicide		no		



Name
in Full

Mary Cecilia Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		12	16	72	8	12	
Sex	Female	Color or Race	White	Birth-place	Kent Co.		
Occupation	Housekeeper		Where Residing if not at place of death		died at home		
Married, Single or Widowed	Widow	Name of Wife or Husband	J. Wright Howard				
Father's Name	Mr. Page Howard			Father's Birthplace	Kent Co.		
Mother's Maiden Name	Leah Ann Tilden			Mother's Birthplace	" "		
Name of person giving Information	Joe H. Howard			How related to deceased	Son		

CAUSES OF DEATH

79

Primary	Paralysis of the heart.	How long	a few minutes.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	W. S. Maxwell,
		Address	Still Pond, Md.
Accident or Suicide			

PHYSICIAN
OR CORONER

Chas L. Dodge.

Chester County

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

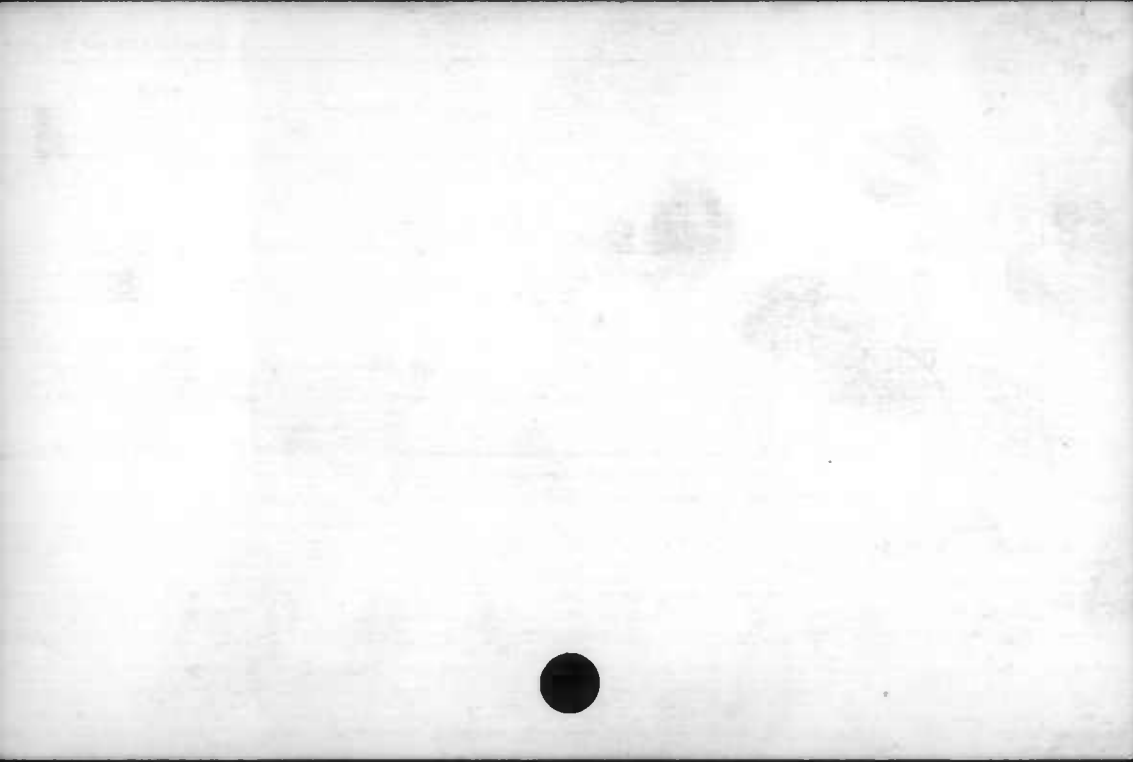
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec.	22				13
Sex		Color or Race		Birthplace			
Male		Colored		Chestertown			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Infant				Infant			
Father's Name				Father's Birthplace			
Raymond Jenkins				Kent Co			
Mother's Maiden Name				Mother's Birthplace			
Addie Glenn				Chestertown			
Name of person giving Information				How related to deceased			
Douglas Glenn				Grandfather			

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary	Hereditary Syphilis	How long	all life
Immediate	Syphilis	How long	all life
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. B. Sumner	
		Address	
		Chestertown	
Accident or Suicide		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Wm. H. Johnson</i>		Town <i>Pomona</i>		County <i>Kent</i>		State <i>MARYLAND</i>	
Died at <i>Pomona</i>		Month <i>5</i>		Day <i>9</i>		Age <i>60</i>	
Date of death <i>1909</i>		Month <i>5</i>		Day <i>9</i>		Age <i>60</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Virginia</i>		Months <i>0</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Pomona Md</i>		Months <i>0</i>		Days <i>0</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amanda Johnson</i>		Father's Birthplace <i>Virginia</i>		Mother's Birthplace <i>Virginia</i>	
Father's Name <i>Jesse Johnson</i>		Mother's Maiden Name <i>Does not know</i>		How related to deceased <i>Son</i>		Name of person giving Information <i>Wm. H. Johnson</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis Chronic</i>	How long <i>about 1 yr.</i>
Immediate <i>Heart disease</i>	How long <i>about 2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frauf. B. Hines</i>
	Address <i>Chestertown Md</i>
Accident or Suicide? <i>no</i>	

Charles C. Dody.

Quaker Neck,

Kent Co Md

Name
in
Full

CERTIFICATE OF DEATH

Houston McGuire
Town *near Millington* County *Kent*

MARYLAND

Died at

Date

of death

1909

Month

12

Day

8

Age

Years

Months

8

Days

24

Sex

Male

Color or
Race

White

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm. T. McGuire

Father's
Birthplace

md

Mother's
Maiden Name

Emma Kane

Mother's
Birthplace

md

Name of person giving
Information

Wm. T. McGuire

How related
to deceased

Brother

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

Immediate

How long

about 2 weeks

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. Wm. T. Jacob
Millington
md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Thomas E. Harris

CERTIFICATE OF DEATH

Died at Still Pond ^{Town} Stent ^{County}
 Date of death 1909 Dec ^{Month} 26 ^{Day} Age 74 ^{Years} — ^{Months} — ^{Days}

Sex male Color or Race white Birth-place md

Occupation Post master Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Georgie E. Butts

Father's Name John C. Harris Father's Birthplace md

Mother's Maiden Name Mary A. Albiston Mother's Birthplace Del

Name of person giving Information Santa Birch How related to deceased Sister-in-law

CAUSES OF DEATH

Primary Nasaland Post Nasaland Catomb How long 25 years.

Immediate Pneumonia How long 3 days.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. H. H. H. H. H.

Address Still Pond, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still Pond

Name
in
Full

Sarah Anne Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Worton Pook</i>		County <i>Kent</i>		MARYLAND	
Date of death		1909	Month <i>Dec</i>	Day <i>17</i>	Age <i>79</i>	Years	Months
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Kent Co</i>	
Occupation	<i>none</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>Edward Plummer</i>				
Father's Name	<i>James Smith</i>				Father's Birthplace	<i>Kent Co</i>	
Mother's Maiden Name	<i>Sarah A. Taylor</i>				Mother's Birthplace	<i>Kent Co</i>	
Name of person giving Information	<i>Thos W Plummer</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	<i>Atherosclerosis</i>	How long	<i>80</i> <input checked="" type="checkbox"/>
Immediate	<i>Cardiac failure</i>	How long	<i>several years</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. J. Plummer</i>
		Address	<i>Ches Worton</i>
Accident or Suicide	<i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Nellie Poster

CERTIFICATE OF DEATH

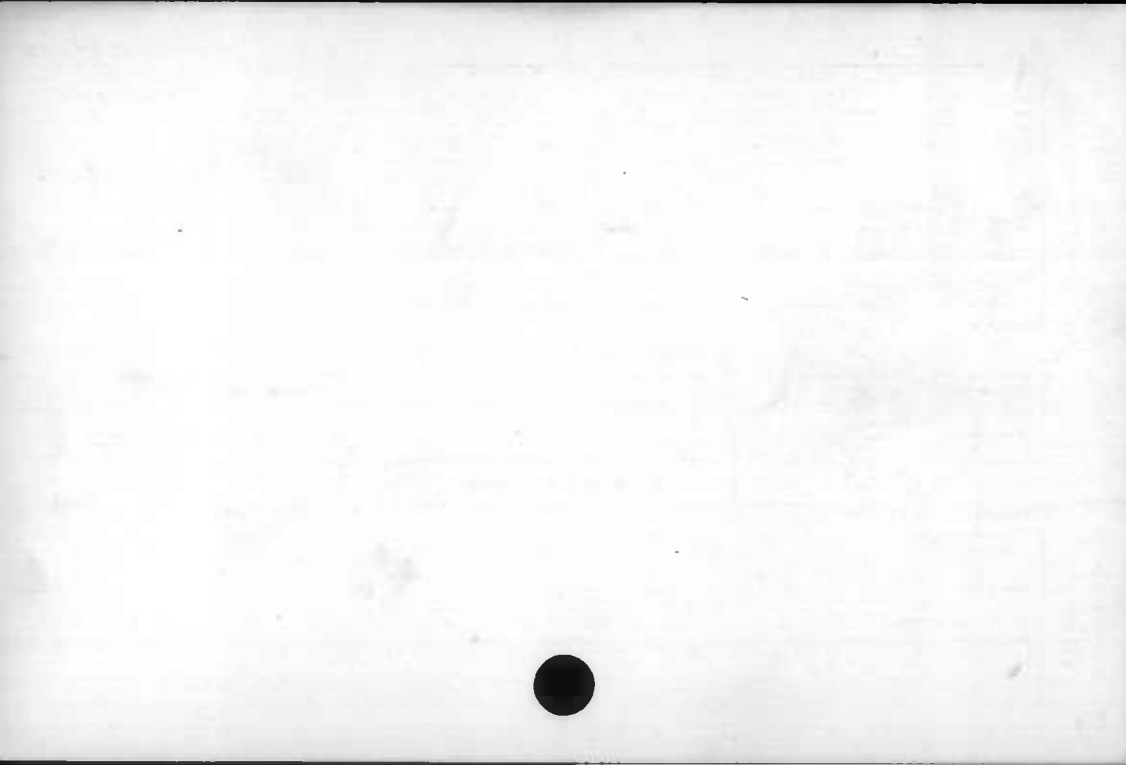
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Rock Hall		^{County} Kent		MARYLAND	
Date of death	1909	Month	Dec.	Day	7
Age		Years		Months	
Sex		Female		Color or Race	
Occupation		—		Birth-place	
Married, Single or Widowed		—		Where Residing if not at place of death	
Name of Father		Sewie Poster		Father's Birthplace	
Mother's Maiden Name		Elizabeth Rodson		Mother's Birthplace	
Name of person giving Information		Sewie Poster		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	3 days
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Ella Reynolds

Died at

near Kennedyville

County

Leet

MARYLAND

Date

of death

1904

Month

Dec

Day

30

Age

46

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

md

Occupation

House work

Where Residing if not
at place of death

near Kennedyville

Married, Single
or Widowed

married

Name of Wife or
Husband

Wm Reynolds

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Charlotta Blake

How related
to deceased

Sister

CAUSES OF DEATH

93

Primary

Pneumonia

How long

one week

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G Irvin Barwick

Address

*Kennedyville
md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

e

Quantum Sh

Name
in
Full

Mary E. Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dona Hill</i> Town		County <i>Kent</i>		MARYLAND	
Date of death	1909	Month	<i>Dec.</i>	Day	<i>3</i>
Age		Years		Months	<i>1</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place	<i>Kent Co., Md.</i>
Occupation		Where Residing if not at place of death			
Married, Single Or Widowed		Name of Wife or Husband			
Father's Name <i>Perry Riley</i>		Father's Birthplace <i>Kent Co., Md.</i>			
Mother's Maiden Name <i>Mary E. Goldsborough</i>		Mother's Birthplace <i>Queen Anne's Co., Md.</i>			
Name of person giving Information <i>Perry Riley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Bronchitis</i>	How long	<i>90</i>
Immediate		How long	<i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edward A. Scott</i>
		Address	<i>Salina, Md.</i>
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Isaac Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Chester town* ^{County} *Kent* **MARYLAND**

Date of death 1909 ^{Month} *Dec* ^{Day} *20* Age ^{Years} *37* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Col* Birth-place *Ind*

Occupation *Carter* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Rachel Davis*

Father's Name *Isaac Smith* Father's Birthplace *Va.*

Mother's Maiden Name *Kitty Cotton* Mother's Birthplace *Ind*

Name of person giving Information *wife* How related to deceased *—*

CAUSES OF DEATH

125 ✓

PHYSICIAN
OR CORONER

Primary *Atres of Prostate, oedema of lungs* How long *2 weeks*

Immediate *Cardiac failure* How long *several hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. G. Simpson*

Address *Chester town*

Accident or Suicide *No*



Name
in
Full

Alice V. Walley

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Coleman

Kent

Date

Month

Day

Years

Months

Days

of death

1909

Dec

23

Age

44

Sex

female

Color or
Race

Black

Birth-
place

Md

Occupation

Cook

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

James A Walley

Father's
Name

Henry Brown

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Bessicks

Mother's
Birthplace

Md

Name of person giving
Information

J. A. Walley

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Acute Bright's disease.

How long

3 weeks.

Immediate

Heart-failure.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W. S. Maxwell.

Address

Little Pond, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6

Union Church

Name
in
Full

Heodore F. West

CERTIFICATE OF DEATH

near Massey Town County

MARYLAND

Died at Date of death 1909 Dec 29 Age 52 Months 9 Days 22

Sex Male Color or Race White Birthplace Delaware

Occupation Farmer Where Residing if not at place of death at home

Married, Single or Widowed Married Name of Wife or Husband Sarah A. West

Father's Name Thomas West Father's Birthplace Del.

Mother's Maiden Name Sarah M West Mother's Birthplace Del.

Name of person giving Information Sarah A West How related to deceased Wife

CAUSES OF DEATH

77

Primary Pericarditis How long 3 Months

Immediate Asthma How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. P. Gorman M.D.

Address Millington Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Georgetown, N.C.

Name
in
Full

Mary Amanda Wright

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at *Columbiana*

Date

of death 1909 Dec

Month

Day

14

Years

Age

26

Months

Days

Sex

female

Color or
Race

Black

Birth-
place

md

Occupation

Servant

Where Residing if not
et place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Columbus Wright

Father's
Name

Jacob Houston

Father's
Birthplace

md

Mother's
Maiden Name

Lucy Stewart

Mother's
Birthplace

md

Name of person giving
Information

James Houston

How related
to deceased

brother

CAUSES OF DEATH

154
How long

Primary

Immediate

~~Heart~~ Uterine ap

How long

our day.

Are the name, age, sex, color, data
and place correctly given above ?

yes.

Signature of
Physician

Address

J. Norton Kelley,

1110 Bond St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

6

Union Church yard.